

(Please type or print in ink; all areas must be completed for your application to be processed!)

EDUCATIONAL INFORMATION

I have a: (high school diploma or highest degree completed:) _____

In what area of study: _____

I have requested that transcripts be sent to ADAD: **YES** **NO**

SUBSTANCE ABUSE COUNSELING WORK HISTORY

(Work history must be verified through the enclosed Supervisor Form)

Employer: _____

Dates of Employment: _____

Employer Address: _____

Supervisor's Name: _____

Supervisor's Phone: _____

Employer: _____

Dates of Employment: _____

Employer Address: _____

Supervisor's Name: _____

Supervisor's Phone: _____

Employer: _____

Dates of Employment: _____

Employer Address: _____

Supervisor's Name: _____

Supervisor's Phone: _____

CURRENT EMPLOYMENT

Employer: _____

Dates of Employment: _____

Employer Address: _____

Work Phone: _____

Have you, at any time (EVER!), been the subject of a finding of unethical, unprofessional, or illegal conduct made as part of a final decision by a regulatory body (e.g. certification or licensing board) or by a **court** (civil or criminal)? (Note: Mandatory background checks **are conducted**, and falsifying any information may result in your application being declined!)

_____ Yes _____ No ***(If yes, you must attach an explanation and copies of official court documents showing all charges have been adjudicated and you are not on probation or parole.)***

"I hereby certify that all of the information given herein and on any attachments is true and complete to the best of my knowledge. I understand that falsification of any portion of this application or attachments may result in the revocation of this application.

I further agree to hold the Department of Health, Alcohol and Drug Abuse Division agents, staff and examiners free from any civil liability for damages or complaints about any action within the scope and arising out of the performance of their duties and which is taken in connection with this application, the examinations, grades received on examinations, and/or the failure of the Division to issue me a certificate."

Applicant's Name (PRINT)

Applicant's Signature (IN INK)

Date

****You must sign the "Code of Ethics Statement" which is included in this packet. Unsigned or incomplete applications will not be processed.**

RECORD STORAGE

The Alcohol and Drug Abuse Division maintains records on all applicants and Certified Substance Abuse Counselors and Program Administrators. **Inactive records are archived for three (3) years from date of last correspondence and may be destroyed after five (5) years from date of last correspondence.** Therefore, it is important to keep ADAD informed of any address change.

Please mail your completed application to:

**Certification Department
Alcohol and Drug Abuse Division
601 Kamokila Boulevard, Room 360
Kapolei, HI 96707**

Remember to include your \$25 certified check or money order (only!!) made out to the "State Director of Finance." Please mail your application, payment, and signed code of ethics statement BEFORE you include any certificates of completed trainings or send for any transcripts so that we can first open a file for you in our office. Mahalo!